FILE 'HOME' ENTERED AT 16:40:53 ON 13 FEB 2002

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FILE 'MEDLINE' ENTERED AT 16:49:08 ON 13 FEB 2002

FILE LAST UPDATED: 12 FEB 2002 (20020212/UP). FILE COVERS 1958 TO DATE.

On April 22, 2001, MEDLINE was reloaded. See HELP RLOAD for details.

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Left, right, and simultaneous left and right truncation are available in the Basic Index. See HELP SFIELDS for details.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> s lysostaphin

L1 362 LYSOSTAPHIN

=> s l1 and (systemic or intravenous or parenteral)

160702 SYSTEMIC

7 SYSTEMICS

160706 SYSTEMIC

(SYSTEMIC OR SYSTEMICS)

194629 INTRAVENOUS

52427 PARENTERAL

141 PARENTERALS

52482 PARENTERAL

(PARENTERAL OR PARENTERALS)

L2 8 L1 AND (SYSTEMIC OR INTRAVENOUS OR PARENTERAL)

=> d bib, kwic 1-8

L2 ANSWER 1 OF 8 MEDLINE

AN 1998287571 MEDLINE

DN 98287571 PubMed ID: 9624475

TI Lysostaphin treatment of experimental methicillin-resistant Staphylococcus aureus aortic valve endocarditis.

AU Climo M W; Patron R L; Goldstein B P; Archer G L

CS Department of Internal Medicine, Medical College of Virginia Campus of Virginia Commonwealth University, Richmond, Virginia, USA.. CLIMO.MICHAEL@RICHMOND.VA.GOV

NC R37 AI35705 (NIAID)

SO ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1998 Jun) 42 (6) 1355-60. Journal code: 6HK; 0315061. ISSN: 0066-4804.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

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Priority Journals
FS
EM
     199808
     Entered STN: 19980820
ED
     Last Updated on STN: 20000303
     Entered Medline: 19980813
     Lysostaphin treatment of experimental methicillin-resistant
TI
     Staphylococcus aureus aortic valve endocarditis.
          . aureus with reduced susceptibility to vancomycin has prompted a
AB
     search for new and novel therapeutic agents active against S. aureus.
     Lysostaphin, a peptidase produced by Staphylococcus simulans,
     specifically cleaves the glycine-glycine bonds unique to the interpeptide
     cross-bridge of the S. aureus cell wall. The effectiveness of various
     regimens of dosing with intravenous lysostaphin was
     compared to that of vancomycin in the rabbit model of aortic valve
     endocarditis caused by a clinical methicillin-resistant S. aureus isolate.
     All animals were treated for a total of 3 days. The most active regimen,
     lysostaphin given three times daily, produced sterile vegetations
     in 10 of 11 treated rabbits, with a mean reduction in vegetation
     bacterial. . . controls. In contrast, vancomycin given twice daily
     sterilized no vegetations and reduced vegetation bacterial counts by only
     4.8 log10 CFU/g. Lysostaphin given once daily was less
     effective, reducing mean vegetation bacterial counts by only 3.6 log10
     CFU/g, but the combination of lysostaphin once daily and
     vancomycin twice daily reduced the mean vegetation bacterial density by
     7.5 log10 CFU/g, a result that was significantly better than that for
     either regimen alone (P < 0.05). Lysostaphin was well tolerated
     by the rabbits, with no evidence of immunological reactions following up
     to 9 weeks of intravenous administration. We conclude that
     lysostaphin given alone or in combination with vancomycin is more
     effective in the treatment of experimental methicillin-resistant S. aureus
     aortic valve.
*Endocarditis, Bacterial: DT, drug therapy
      Endocarditis, Bacterial: MI, microbiology
      Heart Valve Diseases: DT, drug therapy
      Heart Valve Diseases: MI, microbiology
        Lysostaphin: PD, pharmacology
       *Lysostaphin: TU, therapeutic use
      Methicillin Resistance
      Rabbits
     *Staphylococcal Infections: DT, drug therapy
     *Staphylococcus aureus: DE, drug effects
     0 (Antibiotics, Peptide); EC 3.4.24.75 (Lysostaphin)
CN
L2
     ANSWER 2 OF 8
                       MEDLINE
AN
     96110949
                  MEDLINE
DN
     96110949
                PubMed ID: 8557357
TI
     Staphylococcus aureus binding to human nasal mucin.
ΑU
     Shuter J; Hatcher V B; Lowy F D
CS
     Department of Medicine, Montefiore Medical Center, Albert Einstein College
     of Medicine, Bronx, New York 10467, USA.
NC
     AI07183-13 (NIAID)
     HL02990 (NHLBI)
     HL37025 (NHLBI)
     INFECTION AND IMMUNITY, (1996 Jan) 64 (1) 310-8.
SO
     Journal code: GO7; 0246127. ISSN: 0019-9567.
CY
     United States
DT
     Journal; Article; (JOURNAL ARTICLE)
LΑ
     English
FS
     Priority Journals
EM
     199602
ED
     Entered STN: 19960312
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Last Updated on STN: 19960312 Entered Medline: 19960226

AB Colonization of human nasal mucosa with Staphylococcus aureus sets the stage for subsequent **systemic** infection. This study characterizes S. aureus adhesion to nasal mucosa in vitro and investigates the interaction of S. aureus with. . . the bacteria significantly reduced adherence to mucin. 125I-labelled nasal mucin bound to two surface proteins (138 and 127 kDa) of **lysostaphin**-solubilized S. aureus. Binding to human nasal mucin occurs in part via specific adhesin-receptor interactions involving bacterial proteins and the carbohydrate. . .

L2 ANSWER 3 OF 8 MEDLINE

AN 95145215 MEDLINE

DN 95145215 PubMed ID: 7842932

TI Methicillin-resistant Staphylococcus aureus infection and its treatment in burned patients.

AU Huan J N; Chen Y L; Ge S D

CS Burn Institute, Changhai Hospital, Shanghai.

SO CHUNG-HUA WAI KO TSA CHIH [CHINESE JOURNAL OF SURGERY], (1994 Apr) 32 (4) 244-5.

Journal code: D86; 0153611. ISSN: 0529-5815.

CY China

DT Journal; Article; (JOURNAL ARTICLE)

LA Chinese

FS Priority Journals

EM 199503

ED Entered STN: 19950316

Last Updated on STN: 20000303

Entered Medline: 19950309

AB Burn wound and systemic infections caused by methicillin-resistant Staphylococcus aureus (MRSA) were analysed in 95 patients. Results showed that both 95 (92.2%) out of. . . MRSA. Wound MRSA infection could be found in patients with variety of severity and in any kind of wound, while systemic MRSA infection was often occurred in extensive burn patients. The isolated MRSA were most resistant to cephalosporins and sensitive to vancomycin. In order to control wound MRSA infection, Lysostaphin which is active against these organisms could be used as a topical antimicrobial.

CT Check Tags: Female; Human; Male

Administration, Cutaneous

Burns: DT, drug therapy

*Burns: MI, microbiology

Lysostaphin: AD, administration & dosage

*Methicillin Resistance

*Staphylococcal Infections: DT, drug therapy

*Staphylococcus aureus: DE, drug effects

Vancomycin: TU, therapeutic.

CN EC 3.4.24.75 (Lysostaphin)

L2 ANSWER 4 OF 8 MEDLINE

AN 92271448 MEDLINE

DN 92271448 PubMed ID: 1589957

TI Lysostaphin: immunogenicity of locally administered recombinant protein used in mastitis therapy.

AU Daley M J; Oldham E R

CS Agricultural Research Division, American Cyanamid Co., Princeton, NJ 08540.

SO VETERINARY IMMUNOLOGY AND IMMUNOPATHOLOGY, (1992 Mar) 31 (3-4) 301-12. Journal code: XCB; 8002006. ISSN: 0165-2427.

CY Netherlands

DT Journal; Article; (JOURNAL ARTICLE)

LA English

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Priority Journals
FS
EM
     199206
     Entered STN: 19920710
ED
     Last Updated on STN: 20000303
     Entered Medline: 19920625
     Lysostaphin: immunogenicity of locally administered recombinant
TI
     protein used in mastitis therapy.
     A recombinant bactericidal protein, recombinant lysostaphin (r-
AB
     lysostaphin), that may be useful as an intramammary therapeutic
     for Staphylococcus aureus mastitis in dairy cattle, was evaluated for
     immunogenicity to. . . variety of other species when administered
     parenterally, oral administration failed to elicit a significant
     immunological response. Similarly, intramammary infusion of r-
     lysostaphin failed to elicit significant serum titers in the
     bovine until 18-21 infusions were administered (total administered dose of
     2-3 g. . . titers from dairy cattle which did develop an immune
     response were predominantly of the IgG1 subclass. Dairy cattle with
     significant anti-lysostaphin titers showed no deleterious
     symptoms (anaphylaxis, etc.) upon subsequent infusion, and these titers
     did not effect the in vitro bacteriostatic activity of r-
     lysostaphin. Intramammary infusion of r-lysostaphin does
     not elicit any observable effects on the host animal or on the potential
     efficacy of the recombinant molecule. Intramammary.
     Check Tags: Animal; Female; Male
      Administration, Oral
     *Antibody Formation: IM, immunology
      Cattle
        Infusions, Parenteral
       Lysostaphin: AD, administration & dosage
       *Lysostaphin: IM, immunology
     *Mastitis, Bovine: TH, therapy
      Mice
      Mice, Inbred BALB C
      Rabbits
      Rats
      Rats, Inbred Strains
      Recombinant Proteins: AD, administration.
CN
     0 (Recombinant Proteins); EC 3.4.24.75 (Lysostaphin)
L2
     ANSWER 5 OF 8
                      MEDLINE
AN
     89199628
                 MEDLINE
              PubMed ID: 2467987
DN
     89199628
ΤI
     Establishment of an experimental model of a Staphylococcus aureus abscess
     in mice by use of dextran and gelatin microcarriers.
ΑU
     Ford C W; Hamel J C; Stapert D; Yancey R J
CS
     Infectious Diseases Research, Upjohn Company, Kalamazoo, MI 49001.
SO
     JOURNAL OF MEDICAL MICROBIOLOGY, (1989 Apr) 28 (4) 259-66.
     Journal code: J2N; 0224131. ISSN: 0022-2615.
CY
     ENGLAND: United Kingdom
DT
     Journal; Article; (JOURNAL ARTICLE)
LΑ
     English
FS
     Priority Journals
EM
     198905
ED
     Entered STN: 19900306
     Last Updated on STN: 19960129
     Entered Medline: 19890516
AΒ
     . . . after infection. Enzymatic digestion of the abscess contents
     allowed analysis of the host and bacterial cell populations and treatment
     with lysostaphin permitted differentiation between phagocytosed
     and free bacterial populations of S. aureus. Phagocytosed but viable S.
     aureus comprised c. 50% of. . . a borderline MIC value but was quite
     active. However, the MIC values were quite predictive of antibiotic cures
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ANSWER 6 OF 8
L2
                       MEDLINE
                 MEDLINE
     89108579
AN
                PubMed ID: 2643566
     89108579
DN
     Antibody response to Staphylococcus aureus surface proteins in rabbits
ΤI
     with persistent osteomyelitis after treatment with demineralized bone
     implants.
ΑU
     Thomas V L; Sanford B A; Keogh B S; Triplett R G
     Department of Microbiology, University of Texas Health Science Center, San
CS
     Antonio 78284-7758.
     1 T32 AI07271 (NIAID)
NC
     85260
     R01 AI17242 (NIAID)
     INFECTION AND IMMUNITY, (1989 Feb) 57 (2) 404-12.
SO
     Journal code: GO7; 0246127. ISSN: 0019-9567.
     United States
CY
DT
     Journal; Article; (JOURNAL ARTICLE)
     English
LΑ
FS
     Priority Journals
ΕM
     198903
ED
     Entered STN: 19900308
     Last Updated on STN: 19970203
     Entered Medline: 19890301
     . . . persistence of Staphylococcus aureus osteomyelitis. Thirty-one
AΒ
    rabbits with chronic osteomyelitis of the tibia established by day 21,
     were started on systemic antibiotics followed by either no
     additional treatment or debridement plus either DBP (with or without
     supplemental antibiotics) or supplemental antibiotics. . . out by
     intact organisms and were unreactive by immunoblot against antigens
     derived from cells pretreated with pronase, proteinase K, or
     lysostaphin. These results indicate that the major response was
     directed against staphylococcal cell surface proteins. Surprisingly, only
     one major band (molecular.
L2
    ANSWER 7 OF 8
                       MEDLINE
    74262149
                 MEDLINE
AN
                PubMed ID: 4525537
DN
     Systemic lysostaphin in man--apparent antimicrobial
TI
     activity in a neutropenic patient.
     Stark F R; Thornsvard C; Flannery E P; Artenstein M S
ΑU
     NEW ENGLAND JOURNAL OF MEDICINE, (1974 Aug 1) 291 (5) 239-40.
SO
     Journal code: NOW; 0255562. ISSN: 0028-4793.
CY
     United States
DT
     Journal; Article; (JOURNAL ARTICLE)
LΑ
     English
FS
     Abridged Index Medicus Journals; Priority Journals
     197408
EM
     Entered STN: 19900310
ED
     Last Updated on STN: 19970203
     Entered Medline: 19740830
ΤI
     Systemic lysostaphin in man--apparent antimicrobial
     activity in a neutropenic patient.
*Agranulocytosis: CO, complications
      Cellulitis: DT, drug therapy
      Cellulitis: MI, microbiology
      Cephalothin: PD, pharmacology
      Drug Evaluation
      Leukemia, Myelocytic, Acute: CO, complications
       *Lysostaphin: TU, therapeutic use
     Methicillin: PD, pharmacology
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Microbial Sensitivity Tests Penicillin Resistance Pneumonia: DT, drug therapy Pneumonia: MI, microbiology *Staphylococcal Infections:. . EC 3.4.24.75 (Lysostaphin) CN ANSWER 8 OF 8 MEDLINE L2 AN 69012331 MEDLINE PubMed ID: 5683827 DN 69012331 Lysostaphin: an enzymatic approach to staphylococcal disease. 3. TI Combined lysostaphin-methicillin therapy of established staphylococcal abscesses in mice. Dixon R E; Goodman J S; Koenig M G ΑU YALE JOURNAL OF BIOLOGY AND MEDICINE, (1968 Aug) 41 (1) 62-8. SO Journal code: XR7; 0417414. ISSN: 0044-0086. United States CY Journal; Article; (JOURNAL ARTICLE) DTEnglish LΑ FS Priority Journals EM196812 ED Entered STN: 19900101 Last Updated on STN: 19900101 Entered Medline: 19681206 Lysostaphin: an enzymatic approach to staphylococcal disease. 3. TICombined lysostaphin-methicillin therapy of established staphylococcal abscesses in mice. CTCheck Tags: Animal; Male Abscess *Antibiotics: AD, administration & dosage Drug Synergism Injections, Intravenous Kidney: MI, microbiology *Kidney Diseases: DT, drug therapy Lysostaphin: TU, therapeutic use *Methicillin: AD, administration & dosage *Staphylococcal Infections: DT, drug therapy 0 (Antibiotics); EC 3.4.24.75 (Lysostaphin)

CN